

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations			Date of This Filing <u>09/27/2016</u> Report No. <u>18755</u> <input checked="" type="checkbox"/> Amendment to Report No. <u>001</u> <small>(explain below)</small> No. of Pages <u>3</u>	Date Stamp Page 1 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-2952	I.D. NUMBER (if applicable) 1386477				
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/30/2016	California Teachers Association/Issues PAC Burlingame, CA 94010 ID# 880873 Memo Reference: NON:S497:63	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$188.98
09/27/2016	California Teachers Association/Issues PAC Burlingame, CA 94010 ID# 880873	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15,700.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Update contributions received.

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STREET ADDRESS

CITY
Sacramento

STATE
CA

ZIP CODE
95814

Date of
This Filing 09/27/2016

Report No. 18755

☒ Amendment
to Report No. 001
(explain below)

No. of Pages 3

Date Stamp

Page 2 of 3

**CALIFORNIA
FORM 497**

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Update contributions received.

Memo Reference: NON:S497:63
Does not aggregate to \$1,000 until 9/27
